

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069357

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		3				
2							52		3				
3							53		3				
4							54		3				
5							55		3				
6							56	1					
7							57		1				
8							58		1				
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24	1						74						
25							75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41							91						
42							92						
43		2					93						
44	1						94						
45		1					95						
46		1					96						
47		3					97						
48		3					98						
49		3					99						
50		3					100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	47					
TOTAL CLAIMS							TOTAL CLAIMS	51					